

Lenora J Lewis
January 19, 1996
96-RF-00374
Page 2

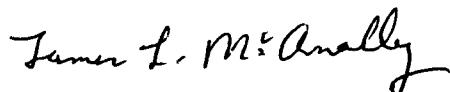
The NPDES permit requires that the report be postmarked no later than January 28, 1996, and be sent to the following

Mr Steve Burkett, Chief
NPDES Branch (8 WM-C)
Water Management Division
U S E P A , Region VIII
999 - 18th Street, Suite 500
Denver, CO 80202-2466

Colorado Department of Public Health and Environment
Attention Mr Robert Shukle
Monitoring and Enforcement Section
WQCD - PE - B2
4300 Cherry Creek Drive South
Denver, CO 80222-1530

If you have any questions or desire additional information, please contact K M Motyl at extension 2172

I certify that, to the best of my knowledge and that of my staff, the information used to fill out the DMR is complete and accurate



James L McAnally, President
RMRS, L L C

LAD dql

Orig and 1 cc - L J Lewis

Attachments
As Stated

cc

J	Hill	-	Kaiser-Hill	-	w/o Attach
G	H Setlock	-	Kaiser-Hill	-	" "
D	A Ward	-	Kaiser-Hill	-	" "

22 053 F

December 1995

Sewage Treatment Plant Effluent Metals Data

Metal, total	Result, ug/l <u>12/06/95</u>
Antimony	<19 0
Arsenic	<2 0
Beryllium	<1 0
Cadmium	<0 1
Copper	<3 0
Iron	53 7 B
Lead	<1 0
Manganese	24 6
Mercury	<0 2
Nickel	13 5 B
Silver	<0 2
Zinc	28 5

B - Absolute value of the analyzed result is less than the Contract Required Detection Limit (CRDL)

Sewage Treatment Plant Effluent Volatile Organic Compound Data

VOC	Result, ug/l <u>12/06/95</u>
Benzene	<5
Bromoform	<5
Carbon Tetrachloride	<5
Chlorobenzene	<5
Chlorodibromomethane	<5
Chloroethane	<10
Chloroform	4 J
Dichlorobromomethane	<5
1,1-Dichloroethane	<5
1,2-Dichloroethane	<5
1,1-Dichloroethylene	<5
1,2-Dichloropropane	<5
1,3-Dichloropropylene	<5
Ethylbenzene	<5
Methyl bromide	<10
Methyl chloride	<10
Methylene chloride	<5
1,1,2,2-Tetrachloroethane	<5
Tetrachloroethylene	<5
Toluene	<5
1,2-Trans-dichloroethylene	<5
1,1,1-Trichloroethane	<5
1,1,2-Trichloroethane	<5
Trichloroethylene	<5
Vinyl chloride	<10

J - Compound found, but below Practical Quantitation Limit (PQL) Quantitation is estimate

REGION VIII GUIDANCE FOR ACUTE WHOLE EFFLUENT REPORTING

PERMITTEE NAME YF NPDES NO Co-000/333

50% MORTALITY TEST: pass fail LC50 100 OUTFALL NO 995

TEST ANIMAL & AGE Ceratophronia dubia SAMPLE TYPE, TIME & DATE Grab, 0900, 1000, 1300, 1500, 10/3/95

Analysis Time & Date: Begin 1500 10/4/95 End 1415 10/4/95

Measurements	Dilutions (% Effluent)*						
	0%	6%	12.5%	25%	50%	75%	100%
No live Start of Test	20		20	20	20	20	20
No live after 24 hrs	20		20	20	20	20	20
No live after 48 hrs	20		20	20	20	19	10
No live after 72 hrs							
No live after 96 hrs							

Max/Min Values	Dilutions (% Effluent)*						
	0%	6%	12.5%	25%	50%	75%	100%
Dissolved Oxygen	77/6.7		7.8/6.8	79/6.9	8.0/7.0	8.0/7.1	8/1/7.3
Temperature °C	20.2/19.0		20.4/19.0	20.6/19.2	20.9/19.5	21.0/19.7	21.0/19.9

Receiving Water Used For Dilution (Y or N)? N

Hardness: Receiving Water NA Effluent 185 Recon. Water (if used) 187

Initial Total Residual Cl₂ in 100% Effluent <0.01

Initial NH₃ (as N) in 100% Effluent: 195

pH in 100% Effluent: Initial 7.2 After 24 Hours: 8.3

ANALYST'S NAME Jim Case, Stacie Razin

LABORATORY THE SEACREST GROUP

SIGNATURE Jim X. Case DATE 10/9/95

* normally, a minimum of five plus control (0%)

COMMENTS _____

Best Available Copy

REGION VIII GUIDANCE FOR ACUTE WHOLE EFFLUENT REPORTING

PERMITTEE NAME RF NPDES NO CD-0001333

50% MORTALITY TEST: pass ✓ fail LC50 73 OUTFALL NO 995

TEST ANIMAL & AGE Pimephales promelas SAMPLE TYPE, TIME & DATE Grab, 0900, 1100, 1300, 1500, 10/3/95

Analysis Time & Date: Begin 1400 10/4/95 End 1400 10/5/95

Measurements	Dilutions (% Effluent)						
	0%	6%	12.5%	25%	50%	75%	100%
No live Start of Test	20	/	20	20	20	20	20
No live after 24 hrs	20	/	20	20	20	18	10
No live after 48 hrs	20	/	19	20	20	11	4
No live after 72 hrs	20	/	19	20	20	11	3
No live after 96 hrs	20	/	19	20	20	9	1

Max/Min Values	Dilutions (% Effluent)						
	0%	6%	12.5%	25%	50%	75%	100%
Dissolved Oxygen	7.0148	/	7.0148	7.0151	7.0156	7.2162	7.2161
Temperature °C	24.01198	/	24.01193	24.01190	24.01190	24.01191	24.01192

Receiving Water Used For Dilution (Y or N)? N

Hardness: Receiving Water NA Effluent 185 Recon. Water (if used) 180

Initial Total Residual Cl₂ in 100% Effluent <0.01

Initial NH₃ (as N) in 100% Effluent: 19.5

pH in 100% Effluent: Initial 7.3 After 24 Hours: 8.2

ANALYST'S NAME Tim Nickels, Mike Newkirk

LABORATORY THE SEACREST GROUP

SIGNATURE J. H. Can DATE 10/9/95

* normally, a minimum of five plus control (0%)

COMMENTS _____

Best Available Copy

1/3/91

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REGION VIII GUIDANCE FOR ACUTE WHOLE EFFLUENT REPORTINGPERMITTEE NAME PF NPDES NO CO-000133350% MORTALITY TEST: ✓ pass fail LC50 >100 % OUTFALL NO A4TEST ANIMAL & AGE Ceriodaphnia dubia ^{<24 hours} SAMPLE TYPE, TIME & DATE Grab, 1545, 11/13/95Analysis Time & Date: Begin 1515 11/14/95 End 1505 11/16/95

Measurements	Dilutions (% Effluent)						
	0%	6%	12.5%	25%	50%	75%	100%
No live Start of Test	20		20	20	20	20	20
No live after 24 hrs	20		20	20	20	20	20
No live after 48 hrs	20		20	20	20	20	20
No live after 72 hrs							
No live after 96 hrs		PC		PC			

Max/Min Values	Dilutions (% Effluent)						
	0%	6%	12.5%	25%	50%	75%	100%
Dissolved Oxygen	75/72		76/73	78/73	78/74	80/75	80/75
Temperature °C	20.9/20.3		20.9/20.1	21.0/20.0	21.0/20.2	21.0/20.6	21.0/20.8

Receiving Water Used For Dilution (Y or N)? NHardness: Receiving Water NA Effluent 189 Recon. Water (if used) 190Initial Total Residual Cl₂ in 100% Effluent <0.01Initial NH₃ (as N) in 100% Effluent: <1.0pH in 100% Effluent: Initial 9.0 After 24 Hours: 8.6ANALYST'S NAME Stacie Razin, Tim CaseLABORATORY THE SEACREST GROUPSIGNATURE Kelly A. CaseDATE 11/20/95

• normally, a minimum of five plus control (0%)

COMMENTS _____

Best Available Copy

REGION VIII GUIDANCE FOR ACUTE WHOLE EFFLUENT REPORTINGPERMITTEE NAME RF NPDES NO CO-0001333501 MORTALITY TEST: ✓ pass fail LC50 >100 OUTFALL NO A4TEST ANIMAL & AGE Pimephales promelas ^{6d} SAMPLE TYPE, TIME & DATE Grab, 1545, 11/13/95Analysis Time & Date: Begin 1200 11/14/95 End 1130 11/18/95

Measurements	Dilutions (% Effluent)						
	0%	6%	12.5%	25%	50%	75%	100%
No live Start of Test	20	/	20	20	20	20	20
No live after 24 hrs	20	/	20	20	20	20	19
No live after 48 hrs	20	/	20	20	20	20	19
No live after 72 hrs	20	/	20	20	20	20	19
No live after 96 hrs	19	/	20	20	20	20	19

Max/Min Values	Dilutions (% Effluent)						
	0%	6%	12.5%	25%	50%	75%	100%
Dissolved Oxygen 6.8/5.6	/	.6.9/5.4	7.0/6.0	7.2/5.8	7.8/6.2	8.3/6.0	

Temperature °C 21.0/19.0 / 21.0/19.0 21.0/19.0 21.0/19.0 21.0/19.0 21.0/19.0Receiving Water Used For Dilution (Y or N)? NHardness: Receiving Water N/A Effluent 189 Recon. Water (if used) 194Initial Total Residual Cl₂ in 100% Effluent <0.01Initial NH₃ (as N) in 100% Effluent: <1.0pH in 100% Effluent: Initial 8.6 ^{11/20/95} After 24 Hours: 8.6ANALYST'S NAME Tim Nickels, Mike NewkirkLABORATORY THE SEACREST GROUPSIGNATURE Kelly A. Can DATE 11/20/95

• normally, a minimum of five plus control (0%)

COMMENTS _____

Best Available Copy

PERMITTEE NAME/ADDRESS (Include
Facility Name/Location if different)
NAME US DOE - ROCKY FLATS PLANT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(17.19)

MAJOR

ADDRESS P.O. BOX 928
GOLDEN

CO 80402

FACILITY LOCATION

ATTN: ~~NAME XXXXX~~ LENORA J. LEWIS

TEL: (303) 275-1111 ext. 3333

TELEPHONE

10/1/95

DISCHARGE DATE

10/1/95

DISCHARGE NUMBER

000001333

PERMIT NUMBER

20-21

DISCHARGE PERIOD

22-23

DISCHARGE TIME

28-29

DISCHARGE DAY

31

DISCHARGE MONTH

10

DISCHARGE YEAR

95

DISCHARGE NO.

1

DISCHARGE STATION

1

DISCHARGE TYPE

1

DISCHARGE STATUS

1

DISCHARGE COMMENTS

1

DISCHARGE APPROVAL

1

DISCHARGE APPROVAL COMMENTS

1

PARTICULARS
Facility Name/Location if different
NAME USD OE-ROCKY FLATS PLANT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16) (17-19)

000001333
DISCHARGE NUMBER
PERMIT NUMBER

FACILITY LOCATION ATTN: XXXXX LENORA J. LEWIS

CO 80402

CONTINUOUS DISCHARGE 12/1/95 - 12/31/95
*** NO DISCHARGE ***

NOTE Read instructions before completing this form

MONITORING PERIOD

FROM 95 TO 95 YEAR 12 MO 01 DAY 31 DAY 31

(22-23) (24-25) (26-27) (28-29) (30-31)

(20-21) (21-22) (22-23) (24-25)

(3 Card Only) QUANTITY OR LOADING

(4 Card Only) QUALITY OR CONCENTRATION

(32-37) (38-45) (46-53) (54-61)

AVERAGE MAXIMUM UNITS

MINIMUM AVERAGE

MAXIMUM UNITS

REPORT DATE

<p

PERMITTEE NAME/ADDRESS (Include
Facility Name/Location if different)
NAME — **USQUE-ROCKY FLATS PLANT**
ADDRESS **P. O. BOX 928 GOLDEN**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2/16) (17-19)

Post Available Copy

Form Approved

OMB No 2040-0004

MAJOR

F - FINAL WHOLE EFFLUENT MONITORING REPORT 94

Continuous discharge 11/13/95 - 11/23/95
** NO DISCHARGE 1 — 1 and 12/21/95 -
NOTE Read Instructions before completing this form

11/27 (28-29) (30-31)

(3 Card Only) QUANTITY OR LOADING
(46-53) (54-61)

AVERAGE (32-37)

MAXIMUM (46-45)

UNITS (38-45)

MINIMUM (46-53)

AVERAGE (38-45)

MAXIMUM (46-53)

UNITS (46-61)

MINIMUM (46-61)

AVERAGE (46-61)

MAXIMUM (46-61)

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)

JANETTE

EPA Form 3320-1 (Rev 9-88) Previous editions may be used

00404/940107-1736

PAGE 1 OF

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)											
LENORA J. LEWIS Asst. Mgr., DOE/RFFO												
TYPED OR PRINTED												
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)												
TELEPHONE	DATE											
AREA CODE	NUMBER	YEAR	MO	DAY								

Best Available Copy

PERMITTEE NAME/ADDRESS (Include
Facility Name/Location)
NAME US 800E - ROCKY FLATS PLANT
ADDRESS P O BOX 928
CITY GOLDEN
STATE CO ZIP CODE 80402

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR) (17-19)									
PERMITTEE NAME/ADDRESS (Include Facility Name/Location)		C00001333							
NAME — US 800 E. ROCKY FLATS PLANT ADDRESS P O BOX 928 GOLDEN		PERMIT NUMBER							
ATTN: Lenora J. Lewis		DISCHARGE NUMBER 006 A							
		DISCHARGE PERIOD (2-16) (17-19)							
		FROM YEAR 93		TO YEAR 93		MONTH M2		DAY D1	
		(20-21) (22-23)		(24-25)		(26-27)		(28-29) (30-31)	
		QUANTITY OR LOADING (4 Card Only) (46-53)		QUALITY OR CONC. (4 Card Only) (38-45)		AVERAGE (46-53)			
PARAMETER (32-37)	SAMPLE MEASUREMENT	AVERAGE		MAXIMUM		UNITS		MINIMUM	
		*****		*****		*****		*****	
FLOW RATE	SAMPLE MEASUREMENT	*****		*****		(03)		*****	
000056 1 0 0	PERMIT REQUIREMENT	*****		*****		*****		*****	
EFFLUENT GROSS VALUE	DAILY MAX	*****		*****		*****		*****	
CHROMIUM, TOTAL (AS CR)	SAMPLE MEASUREMENT	*****		*****		*****		*****	
011034 1 0 0	PERMIT REQUIREMENT	*****		*****		*****		*****	
EFFLUENT GROSS VALUE	DAILY MAX	*****		*****		*****		*****	
DURATION OF DISCHARGE	SAMPLE MEASUREMENT	*****		*****		*****		*****	
811381 1 0 0	PERMIT REQUIREMENT	*****		*****		*****		*****	
EFFLUENT GROSS VALUE	DAILY MAX	*****		*****		*****		*****	
	SAMPLE MEASUREMENT								
	PERMIT REQUIREMENT								
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	SAMPLE MEASUREMENT								
	PERMIT REQUIREMENT								

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

15

PEPA Form 33320-1 (Rev 9-88) Previous editions may be used

SEPA Form 3320-1 (Rev 9-88) Previous editions may be used

(REPLACES EPA FORM T-10 WHICH MAY NOT BE USED)

JAN
PAGE 1 OF
00432/940107-1736

PARTICIPANT NAME/ADDRESS (Include Facility Name/location if different)
NAME USDOE-ROCKY FLATS PLANT
ADDRESS P.O. BOX 928
LOCATION GOLDEN

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
 DISCHARGE MONITORING REPORT (DMR) (2-16)
PERMIT NUMBER C00001333 **DISCHARGE NUMBER** 007 W
MAJOR F - FINAL **OMB No** 2040-0004

Best Available Copy

FACILITY
ATTN: LENORA J. LEWIS

CO 80402

MONITORING PERIOD									
PARAMETER	YEAR			MO	DAY	YEAR	MO	DAY	NOTE Read instructions before completing this form
	FROM	TO	(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)	
(3 Card Only) QUANTITY OR LOADING	(4 Card Only)			QUALITY OR CONCENTRATION					
AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
P/F STATRE 48HR ACU CERIODAPHNIA	SAMPLE MEASUREMENT	*****	*****	*****	*****	(54-61)	(54-61)	(64-68)	(65-70)
TGM3B 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****				
EFFLUENT GROSS VALUE									
P/F STATRE 96HR ACU PIMEPHALES PROMELAS	SAMPLE MEASUREMENT	*****	*****	*****	*****	(54-61)	(54-61)	(64-68)	(65-70)
TGN6C 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****				
EFFLUENT GROSS VALUE									
SAMPLE MEASUREMENT									
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